

DEPARTMENT OF SOCIAL SERVICES

744 P Street Sacramento, CA 95814



August 6, 1993

ALL-COUNTY LETTER NO. 93-55

REASON FOR THIS TRANSMITTAL

- ☒ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☐ Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: SEPTEMBER 1, 1993 TITLE XVI (SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY PROGRAM - SSI/SSP) BENEFIT REDUCTIONS AND RELATED ISSUES THAT AFFECT IN-HOME SUPPORTIVE SERVICES (IHSS) RECIPIENTS

REFERENCE: IN-HOME SUPPORTIVE SERVICES CASE MANAGEMENT, INFORMATION AND PAYROLLING SYSTEM (IHSS/CMIPS) USER'S MANUAL

Chapter 69 of the Statutes of 1993 (Senate Bill 35) reduced the SSP benefit levels for most individuals and couples effective September 1, 1993. The SSP benefit levels will be reduced again effective January 1, 1994 when the Federal SSI benefit levels will increase due to a cost-of-living adjustment. The SSI benefit levels increase will affect the deeming allowances to spouses and parents. The January 1994 SSI/SSP benefit level changes will be addressed in a subsequent All-County Letter (ACL).

This ACL is to provide you with the following:

- o Instructions regarding automating all Share of Cost (SOC) IHSS recipient cases with Link 1, 2, 3, 4 or 5 in Field I2 of the form SOC 293.
- o Instructions regarding forms and listings.
- o September 1, 1993 through December 31, 1993 SSI/SSP benefit levels.
- o Changes of amounts to be used when manually completing the forms SOC 294A and SOC 294C, "IHSS Income Eligibility - Adult or Child."

A. SSI/SSP Benefit Levels

1. Chapter 69 of the Statutes of 1993 State Law decreased most of the SSP benefit levels, thus reducing the SSI/SSP benefit levels by 2.7 percent effective September 1, 1993.

2. Some SSI/SSP eligible persons may become ineligible for SSI/SSP, and discontinued, effective September 1, 1993 because their incomes will exceed the SSI/SSP benefit level. We have requested assistance through Medi-Cal to help us identify which IHSS recipients may have a new share of cost. We will make county listings available to you as soon as they are available.
3. The allowances for non-eligible children and spouses/parents are considered in share of cost deeming procedures. There are no SSI benefit changes at this time, therefore there are no changes reflected on the forms SOC 294A and SOC 294C share of cost worksheets.

B. Share of Cost Cases

1. All automated IHSS income eligible cases with Link 1, 2, 3, 4 or 5 in Field I2 shall have an SOC adjusted September 1, 1993 because of SSP decreases. However, any case with an end date in Field ZZ4 of August 31, 1993, or earlier, cannot be automated. As we have experienced each time there is an automated procedure in CMIPS, some cases are excluded and are printed on an exception list. Typically the exception is due to an overdue reassessment.

Regardless of the cause, for those cases that are not automated, an alert message will print on the monthly "Warning Message Alert List" and will continue on the list until corrected. The alert message is:

"060 Share of Cost Date is not September 1st"

2. A Notice of Action (NOA) will be generated to advise IHSS recipients of the adjustments made to their SOC computation. Based on these adjustments, SOC's will be changed for all affected IHSS recipients. One message (number 355) will read:

"The change in your IHSS Share of Cost shown above is effective because of State Law adjustments to SSI/SSP benefit level as shown.
W&IC 12200.015"

If the SOC is now greater than the IHSS need, another message (number 348) will read:

"A State Law decreased the SSI/SSP benefit levels. Your share of cost of \$K3 now exceeds the assessed IHSS cost of Hrs x Rate per hour plus the restaurant meal allowance of \$ which equals \$. Since your excess income exceeds the cost of IHSS, your services are discontinued.
W&IC 12200.015, W&IC 12304.5"

3. The automation of SOC cases is scheduled to be run August 16, 1993 so that we can meet the timelines for NOAs. Any changes or new cases added to the CMIPS after that date should use the following procedure so correct segments on form SOC 293 lines M,N or O can be built:

- o Turnaround Document (TAD) #1:

- enter appropriate data for months prior to September 1993 SOC fields and wait for the next turnaround document to enter September 1993 data;
- a NOA will be generated containing the usual SOC message(s).

- o TAD #2:

- enter 9/1/93 in SOC Field I1;
- the CMIPS will recompute the correct SOC;
- a NOA will be generated containing a SOC message.

4. SOC cases that are not updated may result in the IHSS recipient paying a SOC which is less than his/her liability. County Welfare Departments (CWD) will be responsible for collecting overpayments from those persons so affected.

C. Forms and Listings

1. Turnaround documents will be generated on all automated IHSS income eligible cases - both forms SOC 293 and SOC 311. These will have an identifying message on the top which will read "September Share of Cost 1993." There will also be NOAs generated which will have a message as displayed under B2 above.
 - o Only those cases that have an identical SOC reflected on both the form SOC 293 Share of Cost Field M6 and the form SOC 311 Share of Cost Field F5 will have a SOC 311 updated and a TAD generated. All other cases will be shown on the County Exception List and the provider document SOC 311 must be manually changed.
 - o All cases impacted by the SOC automation will have a dollar sign (\$) by the name on the Monthly Characteristics Listing and Office Caseload Listing which may be used as a reminder of which cases were automatically changed.
2. All TADs and NOAs will be printed at the printer sites by on-line Counties; non-printer site Counties will have documents printed by EDS and mailed to the recipient and County, as appropriate.
 - o Please plan printing needs by ordering forms SOC 293, SOC 311 and NA 690 if necessary.

- o Please do not delay printing and mailing the NOAs on August 17, 1993; the printing of the SOC 293 and SOC 311 TADs may be delayed for one or two days to suit the convenience of the County.

D. Benefit Levels

1. Attachment A to this ACL is the September 1, 1993 SSI/SSP Payment Standards.
2. Attachment B is a copy of the corrected pages for the IHSS-CMIPS User's Manual pages V-A-17 through V-A-19 which will be distributed to Counties to update their CMIPS/IHSS User's Manuals. This information has been incorporated into the CMIPS SOC automation feature.

E. SOC 294A and SOC 294C

1. Consistent with no change to the SSI benefit payment level at this time, no changes should be made to the allowances shown on Forms SOC 294A (IHSS Income Eligibility-Adult) and SOC 294C (IHSS Income Eligibility-Child). The allowances remain the same throughout the 1993 calendar year.
 - o SOC 294A (Attachment C)
 - The allowance in Column B, row 2a is \$218.00;
 - The allowance in Column B, row 6 is \$218.00.
 - o SOC 294C (Attachment D)
 - The allowance in Column A, row 2a is \$218.00;
 - The allowances in Column A, row 14 are (1) \$434.00 and (2) \$652.00, respectively.

Questions regarding CMIPS procedures should be addressed to Dwain Moore at (916) 657-2034 or ATSS 8-437-2034.


FRED MILLER
Deputy Director
Adult Services Division

Enclosures

c: CWDA

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATES BUREAU
1993 Budget Act
July 27, 1993

SSI/SSP PAYMENT STANDARDS
EFFECTIVE SEPTEMBER 1, 1993

CNI - Chapter 97/91 (SB 724) suspended the SSP COLA.
CPI - Chapter 94/91 (AB 385) included the pass-through of the SSI COLA.
(Reflects a 9/93 2.7% reduction to the total 6/93 SSI/SSP Standard.)

CNI: 1.81% (a)
CPI: 3.00% (a)

PROGRAM	REDUCED NEEDS				RESTAURANT MEALS				NMOHC			
	HOUSEHOLD OF ANOTHER				INDEPENDENT LIVING ARRANGEMENT WITHOUT COOKING FACILITIES				NON-MEDICAL BOARD AND CARE			
	TOTAL	SSI	SSP	TOTAL	SSI	SSP	TOTAL	SSI	SSP	TOTAL	SSI	SSP
<u>INDIVIDUAL:</u>												
AGED OR DISABLED	603.40	434.00	169.40	476.77	289.34	187.43	671.40	434.00	237.40	736.00	434.00	302.00
BLIND	670.40	434.00	236.40	543.91	289.34	254.57	NA	NA	NA	736.00	434.00	302.00
DISABLED MINOR	497.40	434.00	63.40	356.17	289.34	66.83	NA	NA	NA	736.00	434.00	302.00
NMOHC				598.34	289.34	309.00						
<u>COUPLE:</u>												
AGED OR DISABLED												
- per couple	1,109.22	652.00	457.22	919.16	434.67	484.49	1,245.22	652.00	593.22	1,460.00	652.00	808.00
- per person	554.61	326.00	228.61	459.58	217.34	242.25	622.61	326.00	296.61	730.00	326.00	404.00
BLIND												
- per couple	1,297.01	652.00	645.01	1,106.95	434.67	672.28	NA	NA	NA	1,460.00	652.00	808.00
- per person	648.51	326.00	322.51	553.48	217.34	336.14	NA	NA	NA	730.00	326.00	404.00
BLIND/AGED OR DISABLED												
- per couple	1,226.95	652.00	574.95	1,036.90	434.67	602.23	NA	NA	NA	1,460.00	652.00	808.00
- per person	613.48	326.00	287.48	518.45	217.34	301.12	NA	NA	NA	730.00	326.00	404.00
NMOHC												
- per couple				1,253.00	434.67	818.33						
- per person				626.50	217.34	409.17						

III. XIX MEDICAL FACILITY

Total \$42
SSI 30
SSP 12

NON-MEDICAL BOARD AND CARE

Total \$736
Board and Room 314
Care and Supervision 271
Personal and Incidental Needs Maximum: 151
Minimum: 86

NOTE: NMOHC recipients
excluded from reduction.

Field I4, J1,

J2, K1, K2 SOURCE/INCOME/DEDUCT - Optional, Numerical

Length: 1, 7, 7, Format: X, XXXX.XX, XXXX.XX

Description: Source/income/deduct -

- A. This field is required for automated share of cost computation.
- B. Source of recipient's, spouse's, parent(s) gross income - enter appropriate code.
 - 1 - Retirement, Survivors, Disability Insurance (RSDI) - Recipient
 - 2 - Veteran's administration - Recipient
 - 4 - Railroad retirement - Recipient
 - 5 - Other pension - Recipient
 - 6 - Other unearned - Recipient
 - 7 - Earned - Recipient
 - 8 - Unearned - Spouse/parent
 - 9 - Earned - Spouse/parent
- C. Income - Enter amount of gross income available to the recipient, spouse, parent(s).
- D. Deduct - Enter dollar amount of total income deductions other than the standard income exclusions.
 - 1. Standard income exclusions that are included in the automatic share of cost computation are:
 - \$20.00 Standard exclusion
 - \$65.00 Earned income exclusion
 - One half remainder of income - Earned income exclusion
 - \$218.00 Needs of children/non-linked spouse
 - \$434.00 or \$652.00 Allowance for parent(s)
 - 2. Any amount that a recipient pays for services that are an alternative to IHSS may be entered in the deduct field.

NOTE: Refer to Special Instructions: Share of cost computation -SOC 293.

Field I5 COUNTABLE INCOME - Optional - Numerical
Length: 6
Description: Countable income - The sum of all net income available to
recipient.
A. For those recipients whose shares of cost are
automated, this field will be system generated, the
benefit level deducted and the share of cost field
system generated.
B. This field must be entered with the amount that has
been manually computed for those recipients whose
countable income is not automated to enable the
correct share of cost information on an automated
Notice of Action.

NOTE: Refer to Special Instructions: Share of cost computation -SOC
293.

Field J3 BENEFIT CODE/LEVEL - Optional - Numerical
Length: 2, 8, Format: XX, XXXXX.XX
Description: Benefit Level - The SSI/SSP benefit level used to
determine the recipient's share of cost.
A. For those recipients whose shares of cost are
automated, this field must have a two digit benefit
code entered.
B. This includes both recipients who have countable
income automatically computed or countable income
manually computed.
C. Enter the appropriate benefit code.
01 - Individual aged or disabled - Own home \$ 603.40
02 - Individual blind - Own home 670.40
03 - Individual disabled minor - Own home 497.40
04 - Individual aged or disabled - Household
of another 476.77

05 - Individual blind - Household of another	543.91
06 - Individual disabled minor - Household of another	356.17
07 - Individual aged or disabled - Independent living without cooking facilities	671.40
08 - Couple aged or disabled - Own home	1,109.22
09 - Couple both blind - own home	1,297.01
10 - Couple blind/aged or disabled - Own home	1,226.95
11 - Couple aged or disabled - Household of another	919.16
12 - Couple both blind-Household of another	1,106.95
13 - Couple blind/aged or disabled - Household of another	1,036.90
14 - Couple aged or disabled - Independent Living without cooking facilities	1,245.22

D. For a couple, both of whom are IHSS recipients and equally share their net countable income, either divide that countable income by 2 or allocate the countable income in unequal portions, whichever advantages the couple. Enter that sum in 15. Enter the appropriate code below for the share of cost computation:

15 - Couple aged or disabled - Own home, per person	554.61
16 - Couple both blind -Own home, per person	648.51
17 - Couple blind/aged or disabled - Own home, per person	613.48
18 - Couple aged or disabled - Without cooking facilities, per person	622.61
19 - Couple aged or disabled - Household of another, per person	459.58
20 - Couple blind - Household of another, per person	553.48
21 - Couple blind, aged or disabled - Household of another, per person	518.45

IHSS INCOME ELIGIBILITY — ADULT

Name _____ Case No. _____ Month _____

RECIPIENT

SPOUSE

A. Income of aged, blind or disabled individual or couple (if individual has spouse not aged, blind or disabled, also complete Part B)

B. Income of aged, blind or disabled individual and spouse who is not aged, blind or disabled.

	UNEARNED	EARNED		UNEARNED	EARNED
1. Unearned income (list) (Do not show exempt income)			1. Income of client's spouse*	\$	\$
a.	\$		2. Allowance for children not blind or disabled.		
b.	\$		a. Children's needs	218	218
c.	\$		b. Children's income*	\$	\$
2. Total unearned income (A1a to A1c)	\$		c. Net needs (a — b)	\$	\$
3. Any income exclusion	\$20		d. Total allowance (add B2c's)	\$	
4. Net unearned income (A2 minus A3)	\$		3. Remaining unearned income (B1 minus B2d)	\$	
5. Earned income (Do not show exempt income)		\$	4. Unmet children's needs (If B2d is greater than B1 unearned, enter the difference)		\$
6. Unused \$20 exclusion (If A3 is greater than A2, enter the difference)		\$	5. Remaining earned income (B1 minus B4)		\$
7. Earned income exclusion		\$65	6. Net income of spouse (B3 plus B5) — If equal to or less than \$218 A15 is entered in C — If greater than \$218 complete B7 through B20	\$	
8. Total exclusions (A6 plus A7)		\$	7. IHSS client's income (From A2 and A5)	\$	\$
9. Remaining earned income (A5 minus A8)		\$	8. Income of couple (B3 plus B7 unearned, B5 plus B7 earned)	\$	\$
10. Net earned income (A9 x ½)		\$	9. Any income exclusion	\$20	
11. Other earned income deductions		\$	10. Net unearned income (B8 minus B9)	\$	
12. Total net earned income (A10 minus A11)		\$	11. Unused \$20 exclusion (If B9 is greater than B8 unearned, enter the difference)		\$
13. Total countable income (A4 plus A12)	\$		12. Earned income exclusion		\$65
14. SSI/SSP payment level	\$		13. Total exclusions (B11 plus B12)		\$
15. IHSS share of cost (A13 minus A14)	\$		14. Remaining earned income (B8 minus B13)		\$
			15. Net earned income (B14 x ½)		\$
			16. Other earned income deductions		\$
			17. Total net earned income (B15 minus B16)		\$
			18. Total countable income (B10 plus B17)	\$	
			19. SSI/SSP couple payment level	\$	
			20. IHSS share of cost (B18 minus B19)	\$	
			C. SHARE OF COST (higher of A15 or B20)**	\$	

** If there is also a blind or disabled child in the family, the share of cost shown in Line C is not paid. Enter this amount on Form SOC 294C, Line A9. The share of cost will be the amount determined in SOC 294C, Line B16.

WORKER

DATE

****** If there is also a blind or disabled child in the family, the share of cost shown in Line C is not paid. Enter this amount on Form SOC 294C, Line A9. The share of cost will be the amount determined in SOC 294C, Line B16.

IHSS INCOME ELIGIBILITY - CHILD

NAME					CASE NUMBER	MONTH
PARENT					RECIPIENT	
A. Income deemed to a blind or disabled child living at home who is under 18.					B. IHSS share of cost computation for blind or disabled child who is under 18.	
<input type="checkbox"/> Income of parent and parent's spouse where neither is aged, blind or disabled.					Unearned	Earned
1. Gross income	\$				1. Income deemed to child (from A15 or A16)**	\$
2. Allowance for children not blind or disabled					2. Unearned income (list) (Do not show exempt income)	
a. Children's needs	218	218	218		a.	\$
b. Children's income	\$	\$	\$		b.	\$
c. Net needs (a minus b)	\$	\$	\$		c.	\$
d. Total allowance (add A2c's)	\$				3. Total unearned income (B1 plus B2)	\$
3. Remaining unearned income (A1 minus A2d)	\$				4. Any income exclusion	\$ 20
4. Unmet children's needs (If A2d is greater than A1 unearned, enter the difference)			\$		5. Net unearned income (B3 minus B4)	\$
5. Remaining earned income (A1 minus A4)			\$		6. Earned income (Do not show exempt income)	\$
6. Any income exclusion	\$ 20				7. Unused \$20 exclusion (If B4 is greater than B3, enter the difference)	\$
7. Net unearned income (A3 minus A6)	\$				8. Earned income exclusion	\$ 65
8. Unused \$20 exclusion (If A6 is greater than A3, enter the difference)			\$		9. Total exclusions (B7 plus B8)	\$
9. Earned income exclusion			\$ 65		10. Remaining earned income (B6 minus B9)	\$
10. Total exclusions (A8 plus A9)			\$		11. Net earned income (B10 x 1/2)	\$
11. Earned income (A5 minus A10)			\$		12. Other earned income deductions	\$
12. Net earned income (A11 x 1/2)			\$		13. Total net earned income (B11 minus B12)	\$
13. Total income (A7 plus A12)	\$				14. Total countable income (B5 plus B13)	\$
14. Allowance for parent and spouse (1) 434.00 (2) 652.00	\$				15. SSI/SSP payment level	\$
15. Income deemed to child (A13 minus A14)	\$				16. IHSS share of cost (B14 minus B15)	\$
<input type="checkbox"/> Income parent(s) where one or both are aged, blind or disabled.					** Note: If more than 1 eligible child, divide deemable income equally among them, except that if one child has excess income, it is deemed to other eligible children.	
16. Parent(s) income in excess of SSI/SSP payment level (from SOC 294A C)	\$					
WORKER						DATE